

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
Ralph W. Wright, Jr. et al.)
Serial No.: 09/955,606)
Filed: September 18, 2001)
For: METHOD AND APPARATUS FOR)
MECHANICALLY EMBOSSING A)
SURFACE COVERING)

Examiner: John L. Goff II
Art Unit: 1733
Confirmation No.: 1143
Docket No.: A148 1601

#4/a
Vase
8/7/03
RECEIVED
AUG 05 2003
TC 1700

Mail Stop Non-Fee Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE

Sir:

This is in response to the Office Action mailed July 16, 2003. Please amend the application as follows:

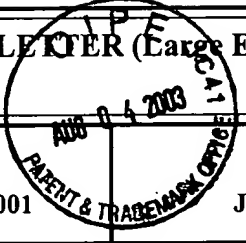
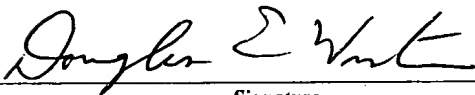
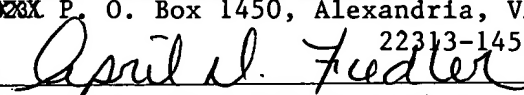
Amendments to the Specification: None

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Amendments to the Drawings: None

Remarks/Arguments begin on page 10 of this paper.

1733

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. A148 1601	
Applicant(s): Ralph W. Wright, Jr. et al.					
Serial No. 09/955,606	Filing Date September 18, 2001		Examiner John L. Goff II	Group Art Unit 1733	
Invention: Method And Apparatus For Mechanically Embossing A Surface Covering					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	41 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: August 1, 2003 </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div>  _____ Signature </div> <div> Douglas E. Winters Reg. No. 29,990 </div> </div> </div>					
<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on August 1, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, DC 22313-1450 P. O. Box 1450, Alexandria, VA 22313-1450</p> <p style="text-align: right;">  Signature of Person Mailing Correspondence </p> <p style="text-align: center;">April D. Fiedler</p> <p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p> </div>					
CC:					